

SICK LEAVE BANK

Purpose of the Sick Leave Bank: To provide some protection for employees who experience a catastrophic or long-term illness.

UTILIZATION APPLICATION FORM

I hereby apply to use the Montgomery County Sick Leave Bank. As required and with my signature below, I confirm that I have been enrolled in the Bank for six months or more and all of my accumulated leave (sick, annual, and compensatory) balances are exhausted. I have read thoroughly the provisions governing utilization of the Sick Leave Bank found in the County's Personnel Policies and Procedures, Section 8.6.8.

I request that the Bank benefits begin _____(date). I anticipate returning to work on or around _____(date). Any further utilization extending beyond this date must be approved by request.

Employee Signature

Date of Application

Acknowledgement of Request:

Approval:

Director/Constitutional Officer/
Agency Head

County Administrator